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FACSIMILE TRANSMISSION COVER SHEET

Date: November 3, 2005

To: United States Patent and Trademark Office
Examiner: Doan, Phuoc Huu; Art Unit: 2687

Fax: (571) 273-8300

Re: **Application Serial No.: 10/666,617**
Filing Date: 9/17/2003; First-Named Inventor: Farazmandnia
Attorney Docket No.: 02SKY103P-CON

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 26

Message:

Enclosed please find the Amendment and Response to Final Office Action dated September 23, 2005.

Also enclosed please find Declaration Under 37 C.F.R. §1.131 and Innovation Disclosure.

Thank you.

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Attorney Docket No.: 02SKY103P-CON

AMENDMENT COVER SHEETIN RE APPLICATION OF: Farazmandnia, et al.SERIAL NO.: 10/666,617 FILED: September 17, 2003FOR: Apparatus and Method for Connecting a Cellular Telephone to a Universal Serial BusHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.☐ The fee has been calculated as shown below:☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	17	MINUS **20	* = 0	x 50	x 25	\$
INDEPENDENT	5	MINUS ***5	* = 0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

** If the number of Total Claims previously paid for is less than 20, write "20" in this space.

*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

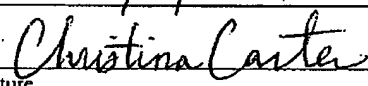
Attorney Docket No.: 02SKY103P-CON

- ☐ Enclosed is the total fee of \$ ____ (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 11/2/05

By: 
Farshad Farjami, Reg. No. 41,014CERTIFICATE OF FACSIMILE TRANSMISSION

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11/3/05
Date
Signature 
Christina Carter
Name of Person Performing Facsimile Transmission

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Attorney Docket No.: 02SKY103P-CON

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Attorney Docket No.: 02SKY103P-CON
Application Serial No.: 10/666,617

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

<p>Applicant(s): Farazmandnia, et al.</p> <p>Application Serial No.: 10/666,617</p> <p>Filed: September 17, 2003</p> <p>Title: Apparatus and Method for Connecting a Cellular Telephone to a Universal Serial Bus</p>	<p>Group Art Unit: 2687</p> <p>Examiner: Doan, Phuoc Huu</p>
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AMENDMENT AND RESPONSE TO FINAL OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This Amendment and Response is submitted in response to the *Final* Office Action, dated September 23, 2005, in the above-referenced patent application. Please enter and consider the following amendments and remarks.